

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: THERAPEUTIC DEVICE AND METHOD
USING FEEDBACK FROM IMPLANTABLE
SENSOR DEVICE

Attorney Docket Number:: 021628-000810US

Request for Early Publication:: No

Request for Non-Publication:: Yes

Suggested Drawing Figure::

Total Drawing Sheets:: 5

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Brian
Middle Name:: P.
Family Name:: Brockway
Name Suffix::
City of Residence:: Shoreview
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 4339 Nancy Place
City of Mailing Address:: Shoreview
State or Province of mailing address:: MN
Country of mailing address::
Postal or Zip Code of mailing address:: 55126

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Brian
Middle Name:: D.
Family Name:: Pederson
Name Suffix::
City of Residence:: Andover
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 15020 Drake Street NW
City of Mailing Address:: Andover
State or Province of mailing address:: MN
Country of mailing address::
Postal or Zip Code of mailing address:: 55304

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name:: G.
Family Name:: Benditt
Name Suffix::
City of Residence:: Edina
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 2 Circle West
City of Mailing Address:: Edina
State or Province of mailing address:: MN
Country of mailing address::
Postal or Zip Code of mailing address:: 55436

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/440,151	01/15/03

Foreign Priority Information

Country::	Application number::	Filing Date::
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Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::